

## RATING / EVALUATION FORM – DESIGN PLAN PROCESS

Project Coordinator: \_\_\_\_\_ ATTN: \_\_\_\_\_

Date: \_\_\_\_\_ Operations Div. Chief: \_\_\_\_\_

Hydraulics Unit Supv.: \_\_\_\_\_

RFL Date: \_\_\_\_\_ Land Acq. Div. Chief: \_\_\_\_\_

Design Div. Section Mgr.: \_\_\_\_\_

Consultant: \_\_\_\_\_

Route: \_\_\_\_\_ Des. No.: \_\_\_\_\_ Proj. Manager: \_\_\_\_\_

Description: \_\_\_\_\_

District: \_\_\_\_\_ Work Type: \_\_\_\_\_

Structure No.: \_\_\_\_\_ CN Project No.: \_\_\_\_\_

### TYPE OF REVIEW

Grade/Str. Size : \_\_\_\_\_

Hydraulics : \_\_\_\_\_

Prel./Final Field Check : \_\_\_\_\_

Design Summary : \_\_\_\_\_

Hearing Plans : \_\_\_\_\_

R/W Plans/Tracings : \_\_\_\_\_

Prel. Plan Final Appr. : \_\_\_\_\_

Signing/Lighting Plans : \_\_\_\_\_

Final Plans/Tracings : \_\_\_\_\_

Inspection Report : \_\_\_\_\_

Preliminary Plans : \_\_\_\_\_

### REVIEWERS' RATING ITEMS

Design Concept : \_\_\_\_\_ : \_\_\_\_\_

Critical Design Elements : \_\_\_\_\_ : \_\_\_\_\_

Calculations (Hydraulics & : \_\_\_\_\_ : \_\_\_\_\_

Bridge Rehabilitation Review Only)

Plan/Report Quality : \_\_\_\_\_ : \_\_\_\_\_

Engineering Judgment : \_\_\_\_\_ : \_\_\_\_\_

(Bridge Rehab. Review Only)

Documentation of Work : \_\_\_\_\_ : \_\_\_\_\_

Env. Mitigation/Permit Comp. : \_\_\_\_\_ : \_\_\_\_\_

Procedure/Standard Comp. : \_\_\_\_\_ : \_\_\_\_\_

Quality Assurance : \_\_\_\_\_ : \_\_\_\_\_

Cooperation : \_\_\_\_\_ : \_\_\_\_\_

Hearing: Advertise Schedule (Click On One)

### INCLUDED ARE: (Click On Boxes Which Apply)

Markup of: \_\_\_\_\_

Plans As Sent to Traffic:

Computations: Disk:

Cost Est.: Spl. Prov.

Quantities: X-Secs.

Q.A. Form: Scope/Env./Permit Form:

Other: \_\_\_\_\_

### COORDINATOR'S RATING ITEMS

Scheduling : \_\_\_\_\_ : \_\_\_\_\_

Procedure Compliance : \_\_\_\_\_ : \_\_\_\_\_

5 = Excellent, 4 = Good, 3 = Marginal  
2 = Poor, 1 = Unsatisfactory

Request Plans For: \_\_\_\_\_, the next submittal.

Are the Revisions Major? Yes No (Click On One)

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Telephone No.: \_\_\_\_\_